

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<i>Attorney Docket No.</i>	2003-IP-012125U1
<i>First Inventor</i>	Philip D. Nguyen
<i>Title</i>	Methods and Compositions
<i>Express Mail Label No.</i>	ER276299072US

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 9]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets]
5. ☐ Oath or Declaration [Total Sheets 3]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ Paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☒ Other: _____
- Express Mail Certificate _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner

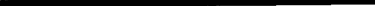
Art Unit:

Prior application information: Examiner _____ Art Unit _____
For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number: _____ **OR** ☒ Correspondence address below

Name	Robert A. Kent				
Address	Halliburton Energy Services 2600 S. 2nd Street				
City	Duncan	State	OK		Zip Code 73536-0440
Country	USA	Telephone	580-251-3125		Fax 580-251-3917

Name (Print/Type)	Robert A. Kent	Registration No. (Attorney/Agent)	28,626
Signature		Date	10-22-03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

9270 U.S. PTO
10/692400



102303

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 0; font-size: small;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor Philip D. Nguyen, et al	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		Attorney Docket No. 2003-IP-012125U1	
(\$) 882.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:	
Deposit Account Number <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 2px;">08-0300</div>	Deposit Account Name <div style="border: 1px solid black; height: 20px; margin: 2px;"></div>
The Commissioner is authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code (\$)	Fee Code (\$)			
1001 750	2001 375	Utility filing fee		770
1002 330	2002 165	Design filing fee		
1003 520	2003 260	Plant filing fee		
1004 750	2004 375	Reissue filing fee		
1005 160	2005 80	Provisional filing fee		
SUBTOTAL (1)			(\$)	
			770.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 10%; text-align: center;">24</td> <td style="width: 10%;">-20** =</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%;">x</td> <td style="width: 10%; text-align: center;">18</td> <td style="width: 10%;">=</td> <td style="width: 10%; text-align: center;">72</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td>-3** =</td> <td style="text-align: center;">0</td> <td>x</td> <td style="text-align: center;">86</td> <td>=</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </table>					Total Claims	24	-20** =	4	x	18	=	72	Independent Claims	2	-3** =	0	x	86	=	0	Multiple Dependent						=																						
Total Claims	24	-20** =	4	x	18	=	72																																										
Independent Claims	2	-3** =	0	x	86	=	0																																										
Multiple Dependent						=																																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> <th></th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> <th></th> </tr> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> <td></td> </tr> <tr> <td>1201 84</td> <td>2201 42</td> <td>Independent claims in excess of 3</td> <td></td> <td></td> </tr> <tr> <td>1203 280</td> <td>2203 140</td> <td>Multiple dependent claim, if not paid</td> <td></td> <td></td> </tr> <tr> <td>1204 84</td> <td>2204 42</td> <td>** Reissue independent claims over original patent</td> <td></td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="2">(\$)</td> </tr> <tr> <td colspan="3"></td> <td colspan="2">72.00</td> </tr> </table>					Large Entity	Small Entity	Fee Description	Fee Paid		Fee Code (\$)	Fee Code (\$)				1202 18	2202 9	Claims in excess of 20			1201 84	2201 42	Independent claims in excess of 3			1203 280	2203 140	Multiple dependent claim, if not paid			1204 84	2204 42	** Reissue independent claims over original patent			1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			SUBTOTAL (2)			(\$)					72.00	
Large Entity	Small Entity	Fee Description	Fee Paid																																														
Fee Code (\$)	Fee Code (\$)																																																
1202 18	2202 9	Claims in excess of 20																																															
1201 84	2201 42	Independent claims in excess of 3																																															
1203 280	2203 140	Multiple dependent claim, if not paid																																															
1204 84	2204 42	** Reissue independent claims over original patent																																															
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																																															
SUBTOTAL (2)			(\$)																																														
			72.00																																														
**or number previously paid, if greater; For Reissues, see above																																																	

FEE CALCULATION (continued)				
3. ADDITIONAL FEES				
Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code (\$)	Fee Code (\$)			
1051 130	2051 65	Surcharge - late filing fee or oath		
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet		
1053 130	1053 130	Non-English specification		
1812 2,520	1812 2,520	For filing a request for ex parte reexamination		
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action		
1251 110	2251 55	Extension for reply within first month		
1252 410	2252 205	Extension for reply within second month		
1253 930	2253 465	Extension for reply within third month		
1254 1,450	2254 725	Extension for reply within fourth month		
1255 1,970	2255 985	Extension for reply within fifth month		
1401 320	2401 160	Notice of Appeal		
1402 320	2402 160	Filing a brief in support of an appeal		
1403 280	2403 140	Request for oral hearing		
1451 1,510	1451 1,510	Petition to institute a public use proceeding		
1452 110	2452 55	Petition to revive - unavoidable		
1453 1,300	2453 650	Petition to revive - unintentional		
1501 1,300	2501 650	Utility issue fee (or reissue)		
1502 470	2502 235	Design issue fee		
1503 630	2503 315	Plant issue fee		
1460 130	1460 130	Petitions to the Commissioner		
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)		
1806 180	1806 180	Submission of Information Disclosure Stmt		
8021 40	8021 40	Recording each patent assignment per property (times number of properties)		40
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))		
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))		
1801 750	2801 375	Request for Continued Examination (RCE)		
1802 900	1802 900	Request for expedited examination of a design application		
Other fee (specify)				
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3)			(\$)	
			40.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Robert A. Kent	Registration No. (Attorney/Agent)	28,626
Signature	<i>Robert A. Kent</i>	Telephone	580-251-3125
		Date	10-22-03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Pra titi n r' Do k t N . 2003-IP-012125U1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Philip D. Nguyen, et al
Application No.: / Unknown Group No.: Unknown
Filed: Concurrently Herewith Examiner: Unknown
For: Methods and Compositions for Removing Resin Coatings

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" label number ER276299072US

Date of Deposit 10-22-2003

I hereby state that the following *attached* paper or fee

Specification with 9 pages
Declaration
Power of Attorney
Statement Under 37 CFR 3.73(b)
Assignment with Recordation Sheet
Fee Transmittal
Patent Application Transmittal
Return Postcard

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10, on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Tammy Knight

Typed or printed name of person mailing paper or fee


Signature of person mailing paper or fee

NOTE: The label number need not be placed on each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail." Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.